S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16744

BIRTH NO. 80316-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2066

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN K.C. Mo. Kansas City
c. LENGTH OF STAY (In this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION The Children's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN K.C. Mo. Kansas City
d. STREET ADDRESS (If rural, give location) 802 Tracy

3. NAME OF DECEASED (Type or Print)
a. (First) Gary
b. (Middle) Stephen
c. (Last) Gomez

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1950

5. SEX Male

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH Dec 3, 1949

9. AGE (In years last birthday) — If under 1 year: Months 5, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kansas City, K.C. Mo.

12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Joe Gomez

13b. MOTHER'S MAIDEN NAME Shirley Pusara

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Father - Joe Gomez — **ADDRESS** 802 Tracy, KC Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

5 D/N

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2, 19 50, *to* 5-4, 19 50, *that I last saw the deceased alive on* 5-4, 19 50, *and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE H. M. Gilkey MD (Degree or title)

23b. ADDRESS 1624 Prof Bldg

23c. DATE SIGNED 5-4-50

24a. BURIAL, CREMATION, REMOVAL Burial

24b. DATE May 6-1950

24c. NAME OF CEMETERY OR CREMATORY Calvary - Cem

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-5-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Mrs C L Fowler — **ADDRESS** 918 Brooklyn KC Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Clayton K. Barnes, working under my personal supervision.

Student Embalmer No. 348

Signed Clayton K. Barnes
Student Embalmer

Signed Joe B. Yoder
Licensed Embalmer No. 4173

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.